

**FILED**

6/14/2019

BC

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

MAY 3 2019

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Nathan Matthews

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

1:19-cv-03010  
Judge Manish S. Shah  
Magistrate Judge Sunil R. Harjani  
PC4

vs.

Case No: ~~1002~~  
(To be supplied by the Clerk of this Court)

COOK County Sheriff Carnes

COOK County Paramedic McNUIT

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: 1:15-cv-9408
- B. Approximate date of filing lawsuit: 10/22/2015
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Nathan Matthews
- D. List all defendants: unknown  
Cook County Officer ~~XXXX~~
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): United States Court Northern District of Illinois  
~~Eastern District of Illinois~~ ~~State~~ ~~Admiralty~~
- F. Name of judge to whom case was assigned: Judge Brown
- G. Basic claim made: Prison Condition
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): case dismissed no strike
- I. Approximate date of disposition: ~~10/22/2015~~ 4/1/2016

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

Name of case and docket number

A.

1:16-cv-2030

Approximate date of filing lawsuit

B.

02/05/2016

List Plaintiff's

C.

Nathan Matthews

List Defendants

D. unknown Cook County officer

E.

court in which lawsuit was filed

US Court Northern District of Illinois ~~Eastern Division~~  
~~Judge Smith~~

F.

name of Judge assigned to case  
Judge Brown

G.

Basic claim made: prison condition

H.

Disposition of case

case dismissed no strike

I.

11/30/2015



A.

Name of case and docket number

1:16 - CV-0295

B. Approximate date of filing lawsuit

~~10/22~~ ~~07/08/2016~~ 11/08/2016

List all Plaintiffs

C.

~~Cook County Officer~~ Nathan Matthews

D.

List defendants

unknown

Cook County Officer

E.

court in which the lawsuit was filed

Northern District of Illinois Eastern Division

Judge ~~Shah~~

F.

Judge Brown

G.

Prison Condition

H.

Case dismissed no strike

I.

Approximate disposition

~~07/08/2016~~ 3/1/16



## STATEMENT OF CLAIM

## FACTUAL Allegations

Claim

Count # 1 Deliberate Indifference against Defendant Officer Carnes)... On 12/13/18 Prior to being attacked By Detainee (Ricky Windfield) I alerted (officer Carnes) that I had a enemy By the name of (Ricky Windfield) I Brought it to (officer Carnes) attention that he needed to lock up (Ricky Windfield) Because (Ricky Windfield) was housed on the Bottom Deck and his Day room time had ended and was not supposed to Be out with Detainees from the top Deck of 2A Division 9 Supermax unit. I told (officer Carnes) that this Detainee (Ricky Windfield) would try to Kill me due to past animosity with one another. However Even though Knowledge of this of this event Before it occurred yet (officer Carnes) still left Detainee (Windfield) out in the dayroom of 2A Division 9 Supermax unauthorized and (unsecured) leaving me to Be attacked inside the restroom fending for my life with no officer around to stop the attack.

Count # 2 (Failure To protect (officer Carnes) was already aware of the likelihood of an assault or me possibly losing my life in the Supermax Division 9 2A Not only did (officer Carnes) leave (Detainee (Windfield) out who was unauthorized in the Day room unsecure with me even went as far as disregarding my safety ~~from my job~~ and security measures By abandoning his post and unit 2A Division 9 Supermax in totality with no officer to relieve him of his post to provide safety from this attack. Also there isnt any emergency Bottoms located nowhere on the unit 2A Division 9 I'm requesting this honorable court to see the video footage of the officer abandoning his post as well as the unit 2A Division 9 you will see that I even looked for the officer Prior to the attack I am confident that this court will see I suffered.



## STATEMENT OF CLAIM

## FACTUAL ALLEGATIONS

Because of officer carnes Failure to Protect me  
<sup>claim</sup> Count #3 Against Defendant officer carnes 14<sup>th</sup> amendment violation which I'm entitled as a pretrial Detainee requires that prior to guilt that I suffer no forms of punishment clearly I (suffered) as result of (officer carnes) actions I was attack and I (suffered) injuries which was a Broken Jaw which I had surgery to get my mouth wired shut closed forcing me to have to eat through a straw  
<sup>claim</sup> Count #4 Against Paramedic who triage me 12/13/18 Defendant Paramedic McNut Deliberate Indifference, After being attack By (Detainee windfield) I was taken to Division 9 despendary to be checked for any injuries By (Paramedic McNut) whom disregarded my serious medical need By stating my Jaw wasn't Broken Because I wouldn't be able to talk But I was desperately alerting (Paramedic McNut) that I was in extreme pain He stated I wouldn't have to worry about any pain if I wouldn't been fighting. I was in tears and I could barely open my mouth to talk due to the extreme amounts of pain. Instead of sending me to a more qualified medical provider which the Cook County Jail has here 24 hours (Paramedic McNut) cleared me from medical releasing me to officers telling them I was fine to go. I was placed in segregation unit of Division 9 16-1082 cell I was in so much pain I told officers working and was told stop fighting and to fill out an inmate health form. Paramedic McNut Didn't even give a script for pain. leaving me to suffer in pain. Due to this (Paramedic McNut) not providing adequate medical care By sending me to a more qualified provider I would suffer in pain 24 hours Before I ~~were~~



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# STATEMENT OF CLAIM + ACTUAL ALLEGATIONS

would reach a more qualified medical provider who order a catscan on my jaw revealing an obvious broken jaw for 24 hours I was unable to sleep because of the unimaginable amounts of pain I was also unable to eat or chew any of my food trays due to my injuries leaving me to starving for 24 hours all due to the deliberate indifference to and detainee serious medical need. <sup>claim</sup> Count #5 Against Defendant Paramedic McNut 14<sup>th</sup> amendment violation which I'm entitled as a pretrial detainee requires that prior to guilt that I suffer no form of punishment clearly I suffered as result of the (Paramedic McNut) Deliberate indifference to a detainee serious medical need by deliberately not sending me to more qualified personal which ended with me going through unnecessary pain and starving 24 hours because I couldn't eat or chew my food. <sup>claim</sup> Count #6 Against (Paramedic McNut) (Negligence) After being attacked I was taken to be checked for any injuries by (Paramedic McNut) I clearly and desperately alerted Paramedic McNut that I was in so much pain that could barely open my mouth to talk (Paramedic McNut) stated I wouldn't be in pain if I wouldn't fight stating I wouldn't be able to talk if my jaw was broken Paramedic McNut saw I was in tears and refuse to send me to a more qualified medical personal who could give me an xray to make sure my jaw was not in fact broken instead I was cleared to leave medical leaving me to suffer unneeded pain with no script for pain meds due to Paramedic McNut Deliberate indifference to detainee Nathan Matthews serious medical need a Negligence by not providing adequate medical care I would end up suffering in unimaginable amounts of



STATEMENT OF CLAIM  
FACTUAL Allegations

Case: 1:19-cv-03010 Document #: 7 Filed: 06/14/19 Page 8 of 27 PageID #:56

pain for 24 hours I was unable to sleep eat any of my food trays Because of my serious medical injury leaving me to starve. It would be a full 24 hour after injury before I would reach a more qualified person who ordered a CAT scan that would soon show an obvious Broken Jaw. If I didn't fill out an inmate request slip to be seen again I could've suffered longer than I did. It is very clear that Paramedic ~~McN~~ McNut Negligence I suffered unnecessary pain and suffering. I am asking this court to subpoena all of my medical records starting from 12/13/18 through 4/1/19. It will show that I didn't get treated for my injuries until a full 24 hours after injury which would prove I suffered greatly because of Paramedic McNut Negligence and Deliberate indifference to detainees serious medical need. These records would show on the day of injury Paramedic McNut cleared me from medical with no script for pain medication. I am asking this court to subpoena the housing log of 2A Division 9 on the date of attack which was 12/13/18. It would show the (Detainee Ricky Windfield) was housed on the Bottom deck and was unauthorized to be in the dayroom when I was attacked.



V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I request this honorable court to grant all compensatory damages in the amount of 375,000 Punitive Damages in the amount of 275,000 any and all court fee to be paid in full and any other damages this honorable court deems necessary and any other relief this court finds needed

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 4 day of 18, 2019



(Signature of plaintiff or plaintiffs)

Nathan Matthews

(Print name)

20180215126

(I.D. Number)

P.O Box 089002 Chicago IL 60608

(Address)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

201815487 630362

## Emergency Grievance

☐ Grievance☐ Non-Compliant Grievance

CODE: 080

☐ Cermak Health Services☐ Superintendent:☒ Other: O.P.R.-T.S.

PRINT - INMATE LAST NAME (Apellido del Preso):

Matthews

PRINT - FIRST NAME (Primer Nombre):

Nathan

INMATE BOOKING NUMBER (# de identificación del Preso)

20180215126

DIVISION (División):

Cermak CK

LIVING UNIT (Unidad):

3N

DATE (Fecha):

12/15/18

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance must not pertain to non-jail related concerns such as with arrest, releases, judicial matters, or medical staff in outside hospitals, etc.

## DIRECCIONES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendario a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted decide no someter una apelación sobre la decisión dada en los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -

DATE OF INCIDENT  
(Fecha del Incidente)

12/13/18

REQUIRED -

TIME OF INCIDENT  
(Horas del Incidente)

12 PM

REQUIRED -

SPECIFIC LOCATION OF INCIDENT  
(Lugar Específico del Incidente)

Division 9 2A

REQUIRED -

NAME and/or IDENTIFIER(S) OF ACCUSED  
(Nombre y/o identificación del Acusado)Officer Carnes  
and inmate Zicky

On 2A Division 9 I was attacked inside the rest room By and inmate officer working unit was not watching the unit when I was attacked by inmate officer failed to protect me in result to that I ended up sustaining injuries my jaw ended up being broken

NAME OF STAFF INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Nathan Matthews

INMATE SIGNATURE: (Firma del Preso):

Nathan Matthews

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Richard

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

12/19/18

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Sgt. [Signature]

SIGNATURE:

[Signature]

DATE REVIEWED:

12/19/18

Inmate Grievance Number: **2018x15487**

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

You may follow-up with the Office of Professional Review by contacting their office directly, by utilizing the address below *or* submitting an inmate request form, to speak with the Divisional Superintendent.

Office of Professional Review  
3026 S. California Ave  
Building 2 / 4<sup>th</sup> floor  
Chicago, Illinois 60608

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Numero de Queja:

Su alegación(es) han sido enviadas a la Oficina del Departamento de Revisión de Profesionalismo (OPR) y al Superintendente de la División para una revisión y/o investigación.

Usted podrá darle seguimiento a su alegación(es), contactando al Departamento de Revisión de Profesionalismo (OPR) de manera directa, utilizando la dirección que está en la parte de abajo o sometiendo una Forma de Solicitud del Preso para poder hablar con el Superviniente de la División.

Office of Professional Review  
3026 S California Ave  
Building 2 / 4th floor  
Chicago, Illinois 60608

**INMATE SERV. COPY**





## COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE/APEAL FORM

(Formulario de Queja del Preso/ Apelación)

EXHIBIT #2

CONTROL NUMBER

INMATE #

201815487630362

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): <u>Matthews</u>	INMATE FIRST NAME (Primer Nombre): <u>Nathan</u>	ID Number (# de Identificación): <u>20180215126</u>
GRIEVANCE ISSUE AS DETERMINED BY CRW: <u>080- Failure to Protect</u>		
IMMEDIATE CRW RESPONSE (if applicable):		
CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): <u>O.P.S. - I.S.</u>		DATE REFERRED: <u>12.20.18</u>

## RESPONSE BY PERSONNEL HANDLING REFERRAL

<u>See Attached</u>			
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PERSONNEL RESPONDING TO GRIEVANCE (Print): <u>Patterson De</u>	SIGNATURE: <u>[Signature]</u>	DIV./DEPT: <u>IS</u>	DATE: <u>12.20.18</u>
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## THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso): <u>[Signature]</u>	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) <u>12.20.18</u>
---	---

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

## THIS SECTION IS TO BE COMPLETED BY INMATE!

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.  
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.  
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): 1.2.18

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación):

I would like to exercise my right to appeal my grievance, I want to express some things that I failed to mention I was under heavy narcotics when I wrote and submitted this grievance

## ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐ No (No) ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

Original Response to Stand.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): <u>[Signature]</u>	SIGNATURE (Firma del Administrador o/su Designado(a)): <u>[Signature]</u>	DATE (Fecha): <u>1.4.19</u>
--	--	--------------------------------

## THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso): <u>[Signature]</u>	DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) <u>1.8.19</u>
---	--





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

EXHIBIT #3

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance  
☐ Grievance  
☐ Non-Compliant Grievance

- ☐ Cermak Health Services  
☐ Superintendent: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievred issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievred issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyerismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -  
DATE OF INCIDENT  
(Fecha del Incidente)REQUIRED -  
TIME OF INCIDENT  
(Horad del Incidente)REQUIRED -  
SPECIFIC LOCATION OF INCIDENT  
(Lugar Especifico del Incidente)REQUIRED -  
NAME and/or IDENTIFIER(S) OF ACCUSED  
(Nombre y/o Identificación del Acusado)

12/13/18

4:00 AM

Division 2A

Carmes

Officer Carmes was conducting a patdown search for the row deck area upon letting the row deck off for the row deck area. Officer Carmes was over the inmates who were not moved on the row deck but on the bottom deck. It is the duty of the inmate who was at the row deck to be out of the row deck. Officer Carmes told me that the crime of Ricky Wildfield and that he needed to be in the row deck because the inmate was in MR.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE FORM**

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance  
☐ Grievance  
☐ Non-Compliant Grievance

- ☐ Cermak Health Services  
☐ Superintendent:  
☐ Other:

PRINT - INMATE LAST NAME (Apellido del Preso): Matthews	PRINT - FIRST NAME (Primer Nombre): Norman	INMATE BOOKING NUMBER (# de identificación del Preso): 2712-116
DIVISION (División): 1	LIVING UNIT (Unidad): 3A	DATE (Fecha): 4/1/19

**GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT**

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

**DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA**

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia o protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyerismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente reciba y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) 12/3/18	REQUIRED - TIME OF INCIDENT (Horad del Incidente) 11:01 AM	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Especifico del Incidente) JAILING 2A	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o identificación del Acusado) Officer Carney
--	---	---	---

Ricky Powell said I told officer Carney I feared for my safety with the inmate out in there even after officer Carney said he knew he was in the room. He said I left inmate Ricky Powell in the room and I was scared and left him out leaving me to be killed and having to fear for myself and life. Officer Carney failed to protect me and the name of the inmate that if an assault on me for my whole life.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)	INMATE SIGNATURE: (Firma del Preso): [Signature]
---	---

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): [Signature]	SIGNATURE: [Signature]	DATE CRW/PLATOON COUNSELOR RECEIVED: 4/1/19
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE FORM**

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

2018 154 6763332

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance  
☐ Grievance  
☐ Non-Compliant Grievance

- ☐ Cermak Health Services  
☐ Superintendent:  
☐ Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Nathaniel

PRINT - FIRST NAME (Primer Nombre):

Nathan

INMATE BOOKING NUMBER (# de identificación del Preso)

2018215126

DIVISION (División):

6

LIVING UNIT (Unidad):

2A

DATE (Fecha):

4/3/19

**GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT**

Your grievance issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

**DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA**

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -  
DATE OF INCIDENT  
(Fecha del Incidente)

12/3/18

REQUIRED -  
TIME OF INCIDENT  
(Horas del Incidente)

11AM

REQUIRED -  
SPECIFIC LOCATION OF INCIDENT  
(Lugar Especifico del Incidente)

Division 9 2A

REQUIRED -  
NAME and/or IDENTIFIER(S) OF ACCUSED  
(Nombre y/o Identificación del Acusado)

Officer Carnes

I not only did officer Carnes leave the detainees out in the hallway in the day room he even went to the 3rd floor requesting medical assistance by a Birmingham officer with no officer in fact to provide a security from any forms of danger no officer to call. I would like to see changes in this officer I've suffered a broken jaw and ended up in the hospital and suffering from a broken jaw.

NAME OF STAFFOR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Steve

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

1/3/19

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

[Signature]

SIGNATURE:

[Signature]

DATE REVIEWED:

[Signature]





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Page 1 of 3 Exhibit #4

CONTROL #

INMATE ID #

201815486

630362

- ☐ Emergency Grievance  
☒ Grievance  
☐ Non-Compliant Grievance

CODE: 220

Cermak Health Services

☐ Superintendent:☐ Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Matthews

PRINT - FIRST NAME (Primer Nombre):

Nathan

INMATE BOOKING NUMBER (# de identificación del Preso)

20180215126

DIVISION (División):

Cermak 108

LIVING UNIT (Unidad):

3N

DATE (Fecha):

12/14/18

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue must not be one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outside hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento, clasificación de preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendario a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -  
DATE OF INCIDENT  
(Fecha del Incidente)

12/9/18

REQUIRED -  
TIME OF INCIDENT  
(Horario del Incidente)

12 PM

REQUIRED -  
SPECIFIC LOCATION OF INCIDENT  
(Lugar Específico del Incidente)

Division 9 Dispensary

REQUIRED - Med tech manutt and  
NAME and/or IDENTIFIER(S) OF ACCUSED.  
(Nombre y/o identificación de(A)s Acusado(s))

officers working 16 1st and 2nd shift

I was placed in seg 16 for a fight ticket after fight I asked for medical attention I was sent to Division 9 dispensary where I told med tech manutt that I could not open and close my mouth that I could bite down or chew my food and that I was in a lot of pain I explained I had been in a fight I wasn't given anything for my injuries I was sent to seg unit 16 1082 lunch and dinner came and told staff working unit about my injuries and I that I was not able to bite or chew my food I was ignored

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Richardson

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

12/19/18

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

[Signature]

DATE REVIEWED:



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina Del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE/APPEAL FORM**

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

201815486 630362

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Matthews

Nathan

20180215126

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (If applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

Cermak

12/20/18

## RESPONSE BY PERSONNEL HANDLING REFERRAL

Assessed by PCC seen by ENT & received & agreed to plan of care. Surgery completed. Long term full liquid diet. Cannot substantiate allegation.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Susan Shebel

Susan Shebel

12/28/18

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

[Signature]

1/4/19

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.  
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.  
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación):

## ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☐

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)



Page 2 of 3

EX21617 #5



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

201815486

630362

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY

(Para ser llenado solo por el personal de Inmate Services)

- ☐ Emergency Grievance  
☒ Grievance  
☐ Non-Compliant Grievance

CODE: 220

- ☒ Cermak Health Services  
☐ Superintendent:  
☐ Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Matthew

PRINT - FIRST NAME (Primer Nombre):

Nathan

INMATE BOOKING NUMBER (Número de identificación del Preso)

20180215126

DIVISION (División):

Cermack 8

LIVING UNIT (Unidad):

3N

DATE (Fecha):

12/14/18

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance must not pertain to non-jail related concerns such as with arrest or releases, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibió no someter una apelación sobre la decisión en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -  
DATE OF INCIDENT  
(Fecha del Incidente)

12/13/18

REQUIRED -  
TIME OF INCIDENT  
(Horas del Incidente)

12 PM

REQUIRED -  
SPECIFIC LOCATION OF INCIDENT  
(Lugar Específico del Incidente)

Division 9 Dispensary

REQUIRED -  
NAME and/or IDENTIFIER(S) OF ACCUSED  
(Nombre y/o identificación del Acusado)

med tech Knutt officer working for

I was unable to eat lunch or dinner which lead to me starving. I also went through extreme amounts of pain that night I filled out and inmate request slip and and was seen 24hr after injury and was sent to cermack to see a doctor I was ordered a cat scan and results came back positive for an broken jaw I was given pain meds and moved to a medical unit. If the med tech I saw the day of injury order me at cermack it would have prevented me from going

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

Nathan

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



Page 3 of 3



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

201815486 630362

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY. (This section is to be completed by the person who is the subject of the grievance.)

☐ Emergency Grievance☒ Grievance☐ Non-Compliant Grievance

CODE - 220

☒ Cermack Health Services☐ Superintendent:☐ Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Matthews

PRINT - FIRST NAME (Primer Nombre):

Nathan

INMATE BOOKING NUMBER (# de identificación del Preso)

20180215125

DIVISION (División):

Cermack 8

LIVING UNIT (Unidad):

3 N

DATE (Fecha):

12/14/18

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: Inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendario a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -

DATE OF INCIDENT

(Fecha del Incidente)

12/13/18

REQUIRED -

TIME OF INCIDENT

(Horas del Incidente)

12 PM

REQUIRED -

SPECIFIC LOCATION OF INCIDENT

(Lugar Específico del Incidente)

Division 9  
De Spensary

REQUIRED -

NAME and/or IDENTIFIER(S) OF ACCUSED

(Nombre y/o Identificación del Acusado)

med tech manoff officio  
working 26 Aug 12th and 2nd shift

24 hr in extreme amounts of rain and I would have been placed on a liquid diet and I would have starved for 24 hr I was denied proper medical treatment by the med tech who treated me after the fight I should've been given at least that same day of injury

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

12/19/18

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



Page 3 of 3 EXHIBIT #6



**COOK COUNTY SHERIFF'S OFFICE**  
(Oficina del Alguacil del Condado de Cook)  
**INMATE GRIEVANCE FORM**  
(Formulario de Queja del Preso)

201815486 630362

<input type="checkbox"/> Emergency Grievance <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Non-Compliant Grievance		CODE: 220 <input checked="" type="checkbox"/> Sermak Health Services <input type="checkbox"/> Superintendent: <input type="checkbox"/> Other:	
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer Nombre):	INMATE BOOKING NUMBER (Nº de identificación del Preso):	
Matthews	Nathan	2018-02-15125	
DIVISION (División):	LIVING UNIT (Unidad):	DATE (Fecha):	
Sermack 8	30	12/14/18	

**GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT**

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification (including designation of an inmate as a security risk or protective custody inmate), or decisions of the inmate disciplinary hearing officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism, no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker).

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-inmate related concerns such as: restrictive practices, judicial matters, or medical staff at outside hospitals, etc.

**DIRECTICES PARA AGRAVIOS Y RESUMEN DE QUEJA**

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendario a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibió no someter una apelación sobre la decisión dada en los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o identificación del Acusado)
12/13/18	12 PM	Division 9 Sermack	med tech menut officio working 26 209 2nd and 3rd shift

24 hr in extreme amounts of rain and I would have been placed on a liquid diet and I would have starved for 24 hr I was denied proper medical treatment by the med tech who treated me after the fight I should've been given at least that same day of injury

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)	INMATE SIGNATURE: (Firma del Preso):
	<i>[Signature]</i>

CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECEIVED:
<i>[Signature]</i>	<i>[Signature]</i>	12/19/18
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:





**COOK COUNTY SHERIFF'S OFFICE**  
(Oficina del Alguacil del Condado de Cook)  
**INMATE GRIEVANCE FORM**  
(Formulario de Queja del Preso)

CONTROL: 201815486 630362

<input type="checkbox"/> Emergency Grievance <input checked="" type="checkbox"/> Grievance <b>CODE: 220</b> <input type="checkbox"/> Non-Compliant Grievance		<input checked="" type="checkbox"/> Cermak Health Services <input type="checkbox"/> Superintendent: _____ <input type="checkbox"/> Other: _____	
PRINT - INMATE LAST NAME (Apellido del Preso): <b>Matthew</b>	PRINT - FIRST NAME (Primer Nombre): <b>Nathan</b>	INMATE BOOKING NUMBER (Número de Identificación del Preso): <b>20180215126</b>	
DIVISION (División): <b>Cermack 8</b>	LIVING UNIT (Unidad): <b>3N</b>	DATE (Fecha): <b>12/14/18</b>	

**GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT**

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker).

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance must not contain non-jail related concerns such as with a mother, friends, judicial matters, or medical staff at outside hospitals, etc.

**DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA**

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles. El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendario a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso, o voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted decide no someter una apelación sobre la decisión en los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente): <b>12/13/18</b>	REQUIRED - TIME OF INCIDENT (Hora del Incidente): <b>12 PM</b>	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente): <b>Division 9 Dispensary</b>	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o identificación del Acusado): <b>med tech skurt officer working for</b>
---	---	--	---

I was unable to eat lunch or dinner which lead to me starving. I also went through extreme amounts of pain that night I filled out an inmate request slip and was seen 24hrs after injury and was sent to cermack to see a doctor I was ordered a cast scan and resins. I came back positive for an broken jaw I was given pain med and moved to a medical unit. If the med tech I saw the day of injury order me at outscun it would have prevented me from going

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información):	INMATE SIGNATURE: (Firma del Preso): <b>Nathan Matthew</b>
---	---

THE INTERVIEW, REPORT, RESOLVE, AND ACTION OF THE DEPARTMENT, IN ALL OF THE ABOVE, SHALL BE SUBJECT TO THE DISCIPLINARY AND SUPERVISORY OF THE INMATE OF THE DEPARTMENT. THE SUPERINTENDENT MUST BE ADVISED OF THE COMPLAINT.

CRW/PLATOON COUNSELOR (Print): <b>Richards</b>	SIGNATURE: <b>[Signature]</b>	DATE/CRW/PLATOON COUNSELOR RECEIVED: <b>12/19/18</b>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



## COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM  
(Formulario de Queja del Preso/ Apelación)

Page 1 of 3

Received 1-15-19  
9:45 AM (PMT)

CONTROL NUMBER

INMATE #

EXhibit #7

K01815186

K30362

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (Primer Nombre):	ID Number (Número de identificación):
Winters	Winters	20180115126
GRIEVANCE ISSUE AS DETERMINED BY CRW:		
IMMEDIATE CRW RESPONSE (If applicable):		
CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):		DATE REFERRED:
Cermak		12/20/18

## RESPONSE BY PERSONNEL HANDLING REFERRAL

PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	DIV./DEPT.	DATE:
James J. Winters	[Signature]		12/20/18

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.  
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.  
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield, Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): 1-14-19

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación)

Person I was attacked on 2A Division 9 on 12/13/18 I was taken to medical where I explained that I couldn't open my mouth to eat and was in extreme amounts of pain I told med tech manut that my jaw may be broken he stated if it

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

Response stands

Inmate Serv.  
CopyInmate Serv.  
Copy

CRW COPY

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):	SIGNATURE (Firma del Administrador o/su Designado(a)):	DATE (Fecha):
Anna Jimenez	[Signature]	01/24/19

## THIS SECTION IS TO BE COMPLETED BY INMATE

INMATE SIGNATURE (Firma del Preso):	DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)
[Signature]	1/31/19





**COOK COUNTY SHERIFF'S OFFICE**  
(Oficina Del Alguacil del Condado de Cook)  
**INMATE GRIEVANCE RESPONSE/APEAL FORM**  
(Formulario de Queja del Preso/ Apelación)

CONTINUUM

INMATE

201815486 630362

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): <u>Matthews</u>	INMATE FIRST NAME (Primer Nombre): <u>Nathan</u>	ID Number (Número de identificación): <u>20180215126</u>
GRIEVANCE ISSUE AS DETERMINED BY CRW: <u>220- Misconduct (nonphysical) by CHS staff</u>		
IMMEDIATE CRW RESPONSE (if applicable): <u>Command Staff made aware of inmate</u>		
issues and concerns.		
CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Carmak Health Services): <u>Cermak</u>	DATE REFERRED: <u>12.20.18</u>	

## RESPONSE BY PERSONNEL HANDLING REFERRAL

Assessed by PCC. Seen by ENT & received & agreed to plan of care. Surgery completed. Long term liquid diet. Cannot substantiate allegation.			
PERSONNEL RESPONDING TO GRIEVANCE (Print): <u>Susan Shebel</u>	SIGNATURE: <u>Susan Shebel</u>	DIV./DEPT.	DATE: <u>12.28.18</u>

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

1.1.4.10

## INMATE'S REQUEST FOR AN APPEAL

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the Inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.  
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.  
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación):

## ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐ No ☐

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)





**SHERIFF'S OFFICE OF COOK COUNTY  
OFFICE OF PROFESSIONAL REVIEW  
COMPLAINT REGISTER**

<b>Complainant Information</b>	NAME (Last, First, M.I.): <b>NATHAN MATTHEWS</b>		AGE: <b>27</b>	DATE OF BIRTH: <b>8-22-91</b>	HOME #: <b>NA</b>
	HOME ADDRESS: <b>COOK COUNTY Jail</b>		CITY: <b>chicago</b>		WORK/OTHER #: <b>NA</b>
	STATE: <b>IL</b>	ZIP CODE: <b>60608</b>	STATE ID./D.L. #: <b>20180215126</b>		STATE OF ISSUANCE: <b>IL Cook county Jail</b>
	I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.				
<b>Complainant Information</b>	DATE OF INCIDENT: <b>12/13/18</b>			TIME OF INCIDENT: <b>11 AM</b>	
	LOCATION OF INCIDENT: <b>Dimson 9.2A</b>				
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:				
	<b>COOK COUNTY Sheriff officer Carnes</b> <b>DARK SKIN 6 feet tall light facial hair</b>				
<b>Witnesses</b>	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, PROVIDE CONTACT INFORMATION.				
	NAME	ADDRESS/CITY/STATE/ZIP			HOME PHONE #
<b>Narrative</b>	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.				
	<p>officer Carnes Deliberately Reckless and failed to protect me and allowed an inmate to attack me. I alerted officer Carnes that I had a enemy By the name of Ricky windfield and I Brought this attention that he needed to lock that inmate up Because that inmate was housed on the Bottom deck and it wasnt his Day room time I told officer Carnes I feared for my safety however after officer Carnes gained knowledge of this event he still left inmate Rick windfield in the dayroom unsecured and left his</p>				

FOR OFFICE USE ONLY  
DATE COMPLAINT RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

LDVIG # \_\_\_\_\_

☒ CONTINUED ON REVERSE



Complaint Narrative (Continued)

Security Post leaving me to be attacked in the rest room finding for my life. Officer Carnes was well aware of an possible assault not only did officer Carnes leave the inmate out unauthorized in the day room he went as far as disregarding my security and safety by abandoning his tier with my officer on post to provide safety from any forms of danger officer Carnes was aware that my safety was at risk but by us previously having a disagreement he intentionally allowed this attack to take place. I would like to press charges to the fullest extent in result of this officers actions I ended up getting my jaw broken which caused me extreme amounts of pain and stress I also had to have surgery.

PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

I have read this statement that I have voluntarily made, consisting of 2 pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. Nathan Matthews  
(Print Name)

Complainant's Signature: Nathan MatthewsDate: 1/18/19

State of Illinois )  
County of Cook )

Signed and sworn to before me on JAN 18, 2019 by Nathan Matthews  
(date) (name of person making statement)

K. Danky  
(signature of notary public)

A person commits PERJURY when, under oath or affirmation, in a proceeding or in any matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. **PERJURY IS A CLASS 3 FELONY.**

Please mail your completed, signed and notarized, complaint form to:

Cook County Sheriff's Office of Professional Review  
3026 S. California  
Chicago, IL 60608



Nathan Matthews  
#20180215126  
P.O. Box 089002  
Chicago, IL 60608



05/03/2019-32

1:19-cv-03010  
Judge Manish S. Shah  
Magistrate Judge Sunil R. Harjani  
PC4

Office of  
Clerk of the U.S District Court  
United State Courthouse  
219 South Dearborn Street  
20th floor  
Chicago, Illinois 60604

2019 MAY -3 AM 8:36

